

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047454

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 490

STATE FILE NUMBER

FILED DEC 26 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City

Length of stay in 1b

6 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Charles E. Still

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Camden

c. CITY OR TOWN

Camden

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Rural Route

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First George

Middle William

Last Calvert

4. DATE OF DEATH

Month Day Year

December 21 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6 - 16 - 1894

9. AGE (last birthday)

69

10. IF UNDER 1 YEAR

Months Days

0 3

11. IF UNDER 24 HR

Hours Min.

0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Miller County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Marion Calvert

13b. MOTHER'S MAIDEN NAME

Leona Jeffers

14. NAME OF HUSBAND OR WIFE

Myrtle Calvert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Myrtle Calver

Address

Camden Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Toxemia

DUE TO (c)

General Peritonitis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Perforated Stomach (Traumatic)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto Accident

20c. TIME OF INJURY

Hour Month, Day, Year

p.m. 12/16/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

Camden

COUNTY

Camden County

STATE

21. I attended the deceased from 12/16/63 to 12/21/63 and last saw him alive on 12/21/63

Death occurred at 11:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. E. Michael (Degree or title)

22b. ADDRESS

Jefferson City

22c. DATE SIGNED

12/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Freedom Cemetery

23d. LOCATION (City, town, or county) (State)

Camden County, Missouri

24. FUNERAL DIRECTOR

Robert H. Reed

Camden, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

24 December 1963

26. REGISTRAR'S SIGNATURE

Theresa E. Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1269
20150
3
4 0
5 1
6
7 0
8 2
9 X
10
11 015
12 1-2
13 30

DEC 31 1963

SEP 28 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.